MAXIMUS Federal Services

Case Number:	CM15-0121217		
Date Assigned:	07/01/2015	Date of Injury:	08/12/2009
Decision Date:	08/06/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/23/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 68 year old male who sustained an industrial injury on 8/12/09. Diagnoses are lumbar spine radiculitis, rule out lumbar spine disc displacement, and bursitis left hip. In a progress report dated 5/18/15, a treating physician notes subjective complaints of hip, knee and bilateral heel pain. Neck pain with spasms and shoulder pain. There is tenderness and guarding to to the cervical spine and lumbar spine pain, and tenderness to both heels. Previous treatment includes injections to knees bilaterally, and opioid medications. Work status is to return to modified work on 5/18/15 with restrictions. The treatment plan is ergonomic evaluation to work station, transcutaneous electrical nerve stimulation unit, lumbar sacral orthosis brace, and medications; Percocet and Glucosamine Chondroitin. The requested treatments are Glucosamine and Chondroitin 500/400 #90 and Lumbar Sacral Orthosis LSO brace (purchase).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Glucosamine and Chondroitin 500/400/#90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroltin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R Page(s): 50 of 127.

Decision rationale: The patient is a 68 year old male who sustained his injury in August of 2009. He has subsequently been diagnosed with lumbar disc disease, left hip bursitis, and knee as well as heel pain. He has been treated with TENS stimulation, ergonomic evaluation, and medications. The MTUS guidelines state that glucosamine is indicated for use in patients with moderate osteoarthritis, especially of the knee. The patient did have an MRI of the left knee on June 27, 2013 which showed severe degenerative osteoarthritis of all three compartments. As such, the request is medically necessary.

LSO brace (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 9.

Decision rationale: The patient is a 68 year old male who sustained his injury in August of 2009. He has subsequently been diagnosed with lumbar disc disease, left hip bursitis, and knee as well as heel pain. He has been treated with TENS stimulation, ergonomic evaluation, and medications. The request is for an LSO brace for use. The ACOEM guidelines state the following regarding the use of lumbar support: "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." The patient's injury was in 2009 and the use of a lumbar support at this point would not be indicated. As such, the request is not medically necessary.